

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		18	3501
FORMALITY REVIEW	ABE	JC-900	03-14-01
RESPONSE FORMALITY REVIEW	T2	947	08/23/01

INDEX OF CLAIMS

- ✓ ..... Rejected  
= ..... Allowed  
- (Through numeral)... Canceled  
+ ..... Restricted
- N ..... Non-elected  
I ..... Interference  
A ..... Appeal  
O ..... Objected

Claim	Date
Final Original	
1	12/1/02
2	12/1/02
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Claim	Date
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WA The Poss  
Form P (Rev. 8/)

If more than 150 claims or 10 actions  
staple additional sheet here